

Reporting in HiTrack

Children's Special Health Services

Newborn Hearing Screening & Intervention Program Department of Public Health and Human Services

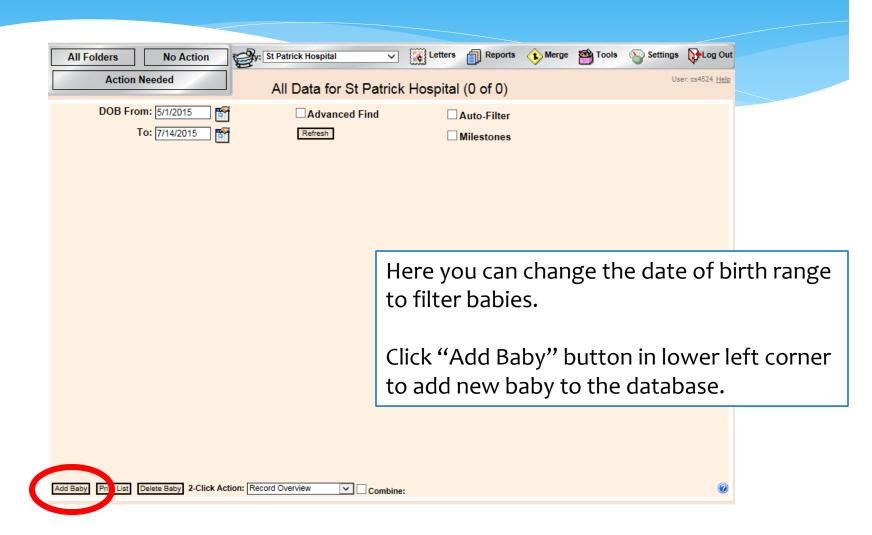


HiTrack Login Page



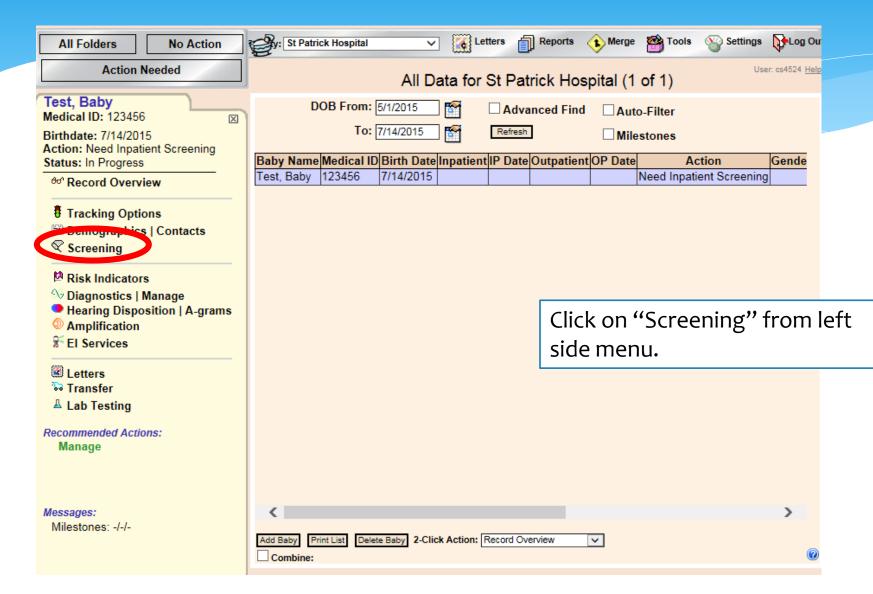
User name and password assigned by Jessica.

NCHAM helpdesk will assist with setting up the database on your computer. 435-797-3584

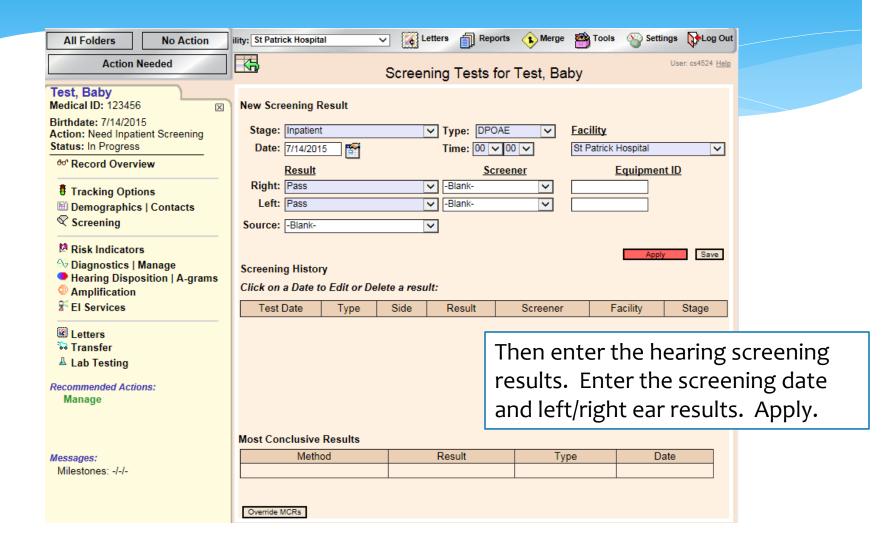


Baby Data

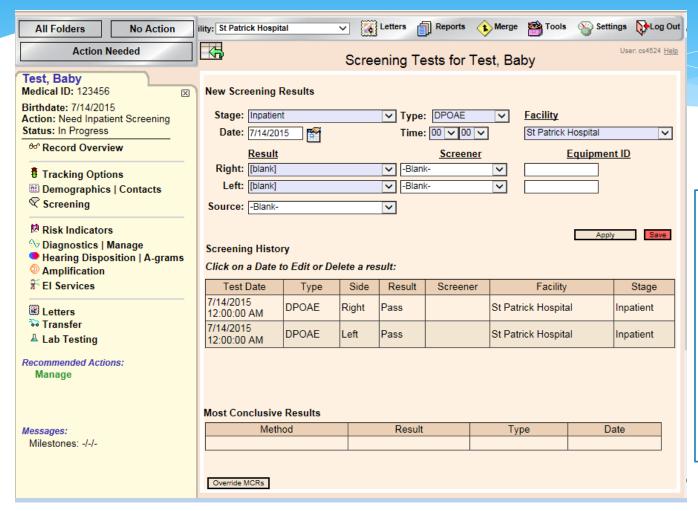
All Folders No Action Facility: St Patrick Hospital V Letters Reports Merge	Tools Settings Dog Out
Action Needed Baby Demographics	User: cs4524 <u>Help</u>
Medical ID: 123456 Birth Date: 7/14/2015 Birth Facility: St Patrick Hospital Name-Last: Test Time: 00 ♥: 00 ♥ Nursery: [blank] ♥ First: Baby Order: S-Single ♥ Location: Middle: Weight: Grams Gender: [blank] ♥ Insurance: [blank] ♥ Gest. Age: Physician: [blank] ♥ Race: [blank] ICU Days: Alt. ID: Deceased: Notes: Primary Contact Name-Last: Test Address: 123 Main Street Phone: 406-555-1234 First: Mom Ph 2: Middle: Email: Med Id: City/State/Zip: Missoula MT 55555 County: Birth Mother: ♥ Birthdate: Language: [blank] ♥	Enter a new baby. Make sure to include as much information as possible here! -Baby first and last name -DOB -Physician name -Mother first and last name -Address and phone number is especially important for babies that do not pass screenings (hearing or CCHD) Save.
Title/Suffix: Race: [blank] Gender: -Blank- V	
Education: [blank]	



Hearing Screening Results

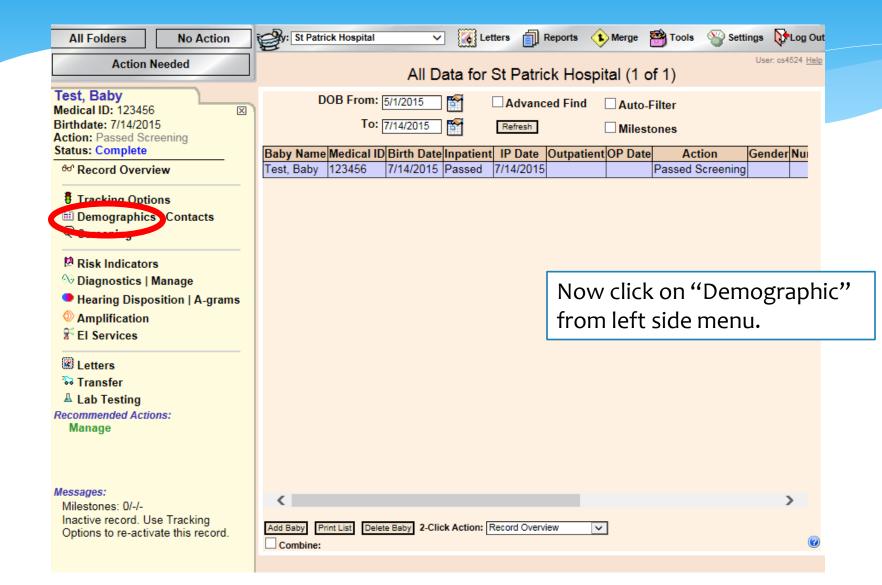


Hearing Screening Results

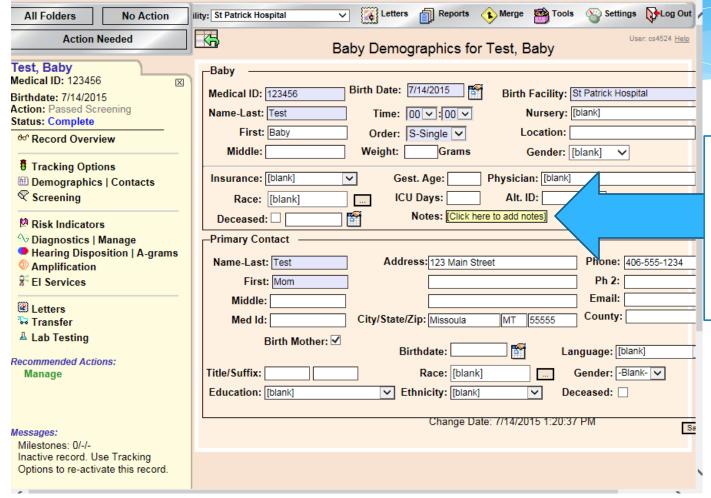


Review the results you entered. Click on section under "Screening History" to edit anything.

Once data is correct, Save.



Notes Section

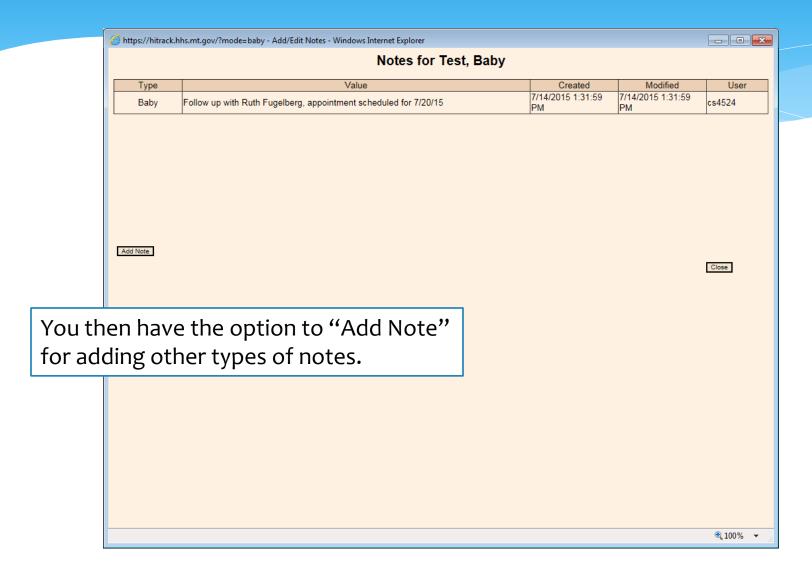


Click on the yellow area of this page, the "Notes" section.

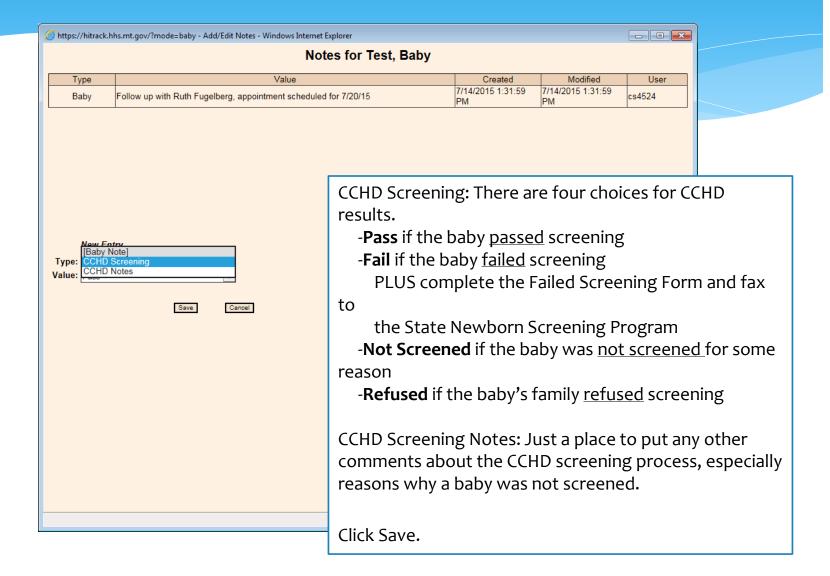
Baby Note

https://hitrack.hhs.mt.gov/?mode=baby - Add/Edit Notes - Windows Internet Explorer	_ D X				
New Entry Type: [Baby Note] Value: [Baby Note] CCHD Screening CCHD Notes					
There are three types of notes you can enter here.	Close				
Baby Note: this is a great place to enter any information on this baby that you want the Hearing Screening Program to know. If the baby did not pass screening and there is a follow up appointment scheduled, or if the baby is going to see an audiologist for further evaluation, let us know!					
Enter any information, if needed, and click the save button.					
	⊕ 100% →				

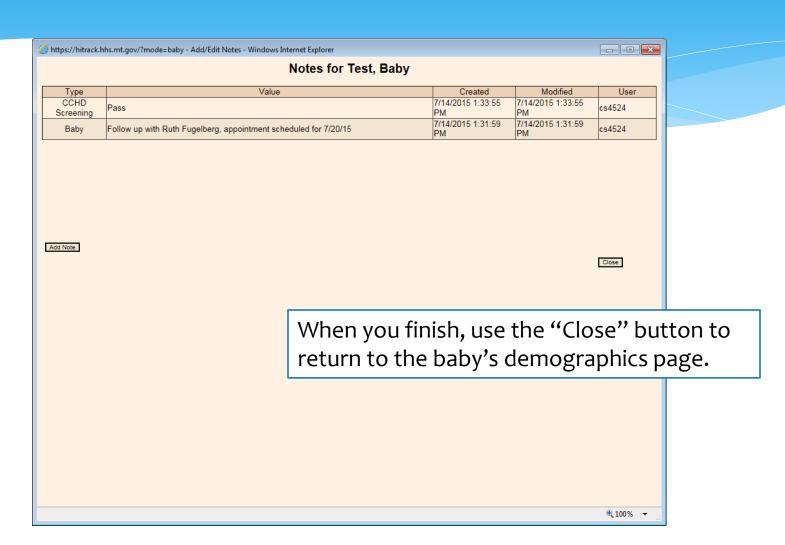
Notes Summary Page



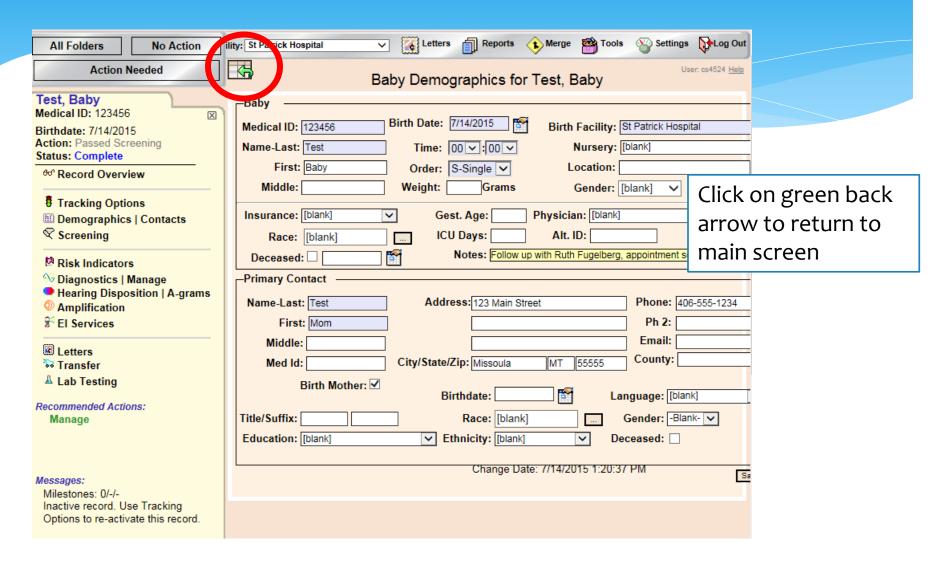
CCHD Screening

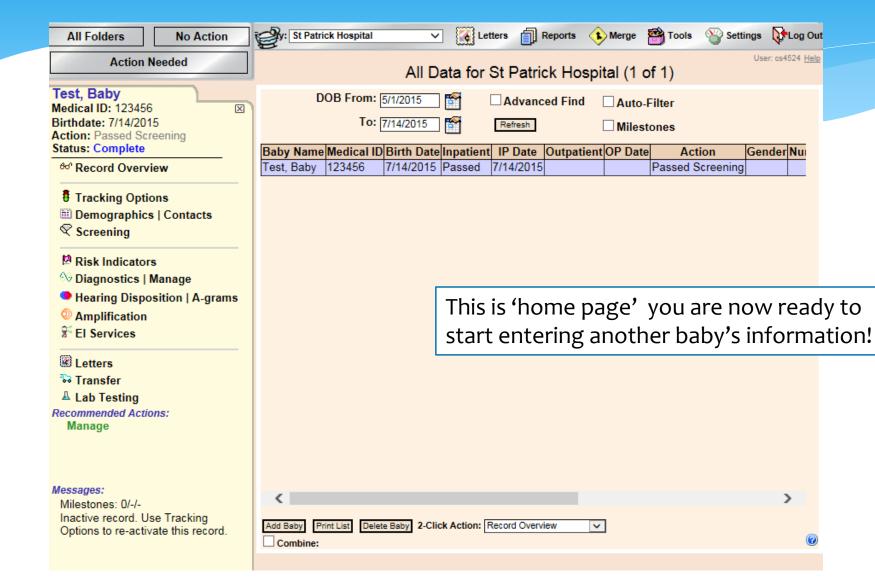


Notes Summary Page



Baby Demographics Page





FAILED CCHD Screen

Newborn Pulse Oximetry Screening For Critical Congenital Heart Disease Failed Screen Reporting Form

ate	Facility_			MRN		
Name (last, first)		DOB		Time of	Birth (military)	
(1223, 11123,		555		Time of Siren (mineary)		
Gestational age (weeks)	Birth Weight			Gender		
Was a 2 nd trimester ultras Yes No Don't		ormed?	Infant's Primary Ca	are Provid	der	
Screening Information	First Pulse Ox Screen		Second Pulse Ox Screen (if indicated)		Third Pulse Ox Screen (if indicated)	
Right hand		%	5	%	%	
Foot		%	5	%	%	
Age in hours		Hrs		Hrs	Hrs	
Vas the patient transferre If yes- Where? (Fac	d? cility name)	Y N		Date of tr	ansfer	
indings (please list all diag	gnoses and					
omments:						
erson completing form:_						
MONTANA			PLETED FORM TO:			
DEHIIC	M		orn Screening Prop 106-444-2750	gram		
DLIIIIO		For question	ns call 406-444-362	2		

Fax form for failed screens.

Please fax in every time you have a baby that does not pass CCHD screening.

dphhs.mt.gov/publichealth/cshs /NewbornScreeningPrograms.aspx

Children's Special Health Services

Montana's Newborn Screening Programs

The goal of the Newborn Screening Program is to assure every baby born in Montana will receive three essential newborn screenings. Most babies are born healthy. Montana tests all babies because a few babies look healthy but have rare health conditions. It is very important that these conditions are detected right away.



Critical Congenital Heart Disease Screening

Newborn Hearing Screening and Intervention

Metabolic (Bloodspot) Screening

Montana Resources

- Newborn Screening Administrative Rule Changes Effective July 1, 2014
- · Updated Montana recommendations for screening pre-term, low birth weight, and sick infants
- · Montana's Newborn Screening Brochure for Parents
- Montana CSHS Pediatric Specialty Clinic Information
- · Montana Public Health Laboratory Newborn Screening
- · Montana Administrative Rules for Newborn Screening
- · Montana Newborn Screening Laws (Montana Code Annotated)

Other Resources

- . Baby's First Test the nation's newborn screening education center for families and providers
- · National Library of Medicine Newborn Screening Information
- · Parent's fact sheets for disorders detected by newborn screening Screening, Technology and Research in Genetics (STAR-G) Project

Please check out our website for lots of information!

Please contact us with any questions!! We are here to help!

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